



## Case Report Form (CRF) for Ebolavirus infection

This standardized CRF is designed for suspected, probable, and confirmed viral haemorrhagic fever (VHF) cases due to **Ebolavirus** species including *Zaire orthoebolavirus*, *Sudan orthoebolavirus*, *Bundibugyo orthoebolavirus*, *Tai Forest orthoebolavirus*, *Reston orthoebolavirus*, and other *orthobolaviruses* of public health concern, and it is also structured to be usable for **Marburg virus disease** and **Lassa fever** with minimal adaptation.

### 1. Administrative and reporting details

Field	Entry
CRF ID	
Outbreak/cluster/Hospital ID	
State/UT	
District	
Name of Hospital/Facility	
Facility type (PHC/CHC/District hospital/Medical college/Airport health unit/Seaport Health Unit/Army Unit/Private hospital/Other)	
Isolation unit/ward	
Name and designation of person completing form	
Date of symptom onset	
Date of Admission	
Date of sample collection	



## 2. Patient identifiers

Field	Entry
Full name	
Hospital registration number	
National ID/Aadhaar/passport/other identifier	
Age	
Gender	
Nationality	
Occupation	
Current address	
Permanent address	
District/state/country of usual residence	
Phone numbers of patient/relative	
Name of treating physician	
Contact number and email ID of treating physician	

## 3. Case status

Field	Options/Entry
Case classification at presentation	Suspected / Probable / Confirmed
Disease under investigation	Ebolavirus / Marburg / Lassa / Other VHF
Specific virus/species if known	Zaire / Sudan / Bundibugyo / Reston / Tai Forest / Marburg / Lassa / other
Basis for classification	Clinical / Epidemiological / Laboratory
Public health notified	Yes/No; date/time
Isolation initiated	Yes/No; date/time



**4. Epidemiologic risk and exposure history**

**a. Travel history in the 21 days before symptom onset**

Field	Entry
Any international travel in past 21 days	Yes/No
Countries visited	
Cities/districts visited	
Dates of travel	
Mode of travel [Air/Road/Sea]	
Flight numbers / ship / border crossing details	
Stayed in area with known VHF outbreak/endemic transmission	Yes/No/Unknown
Exposure in airport, transit hub, refugee/IDP setting, mining/cave setting, forest setting, healthcare setting, funeral, household, laboratory	
Domestic travel in India after arrival	Yes/No; route and dates

**b. Contact with known or suspected human cases in the 21 days before onset**

Exposure	Yes/No/Unknown	Details
Lived and care taker of the ill person with fever/bleeding		
Direct physical contact with suspected/confirmed VHF case		
Contact with blood, vomit, stool, urine, saliva, semen, breast milk, or other body fluids		
Shared bed, linen, clothing, utensils, or room		
Provided home care		
Healthcare exposure without recommended PPE		
Needle-stick or sharps exposure		
Contact during transport/ambulance/air evacuation		



Participation in burial, funeral washing, dressing, body preparation, or handling remains		
Sexual contact with survivor or case		
Contact with any other body fluids		

**c. Animal, wildlife, and environmental exposure history**

Exposure	Yes/No/Unknown	Details
Visit to cave/mine inhabited by bats		
Bat exposure (fruit bats/insectivorous bats/roost sites)		
Contact with rodents		
Exposure to rodent urine/feces/contaminated grain or household environment		
Contact with non-human primates		
Contact with monkeys/apes in forest, zoo, rescue, bushmeat chain, research setting		
Contact with pigs/livestock		
Contact with duikers/antelope/other wild mammals		
Hunting, butchering, skinning, or consumption of bushmeat/wild meat		
Contact with sick/dead wildlife		
Animal bite or scratch		
Occupational animal exposure (veterinary, wildlife, zoo, forest, laboratory)		

**d. Occupational exposures**

Exposure	Yes/No/Unknown	Details
Healthcare worker		Role/unit
Laboratory worker handling human/animal specimens		Lab type/BSL
Airport/seaport/border staff		
Military/police/humanitarian/deployment history		



Burial team/mortuary worker		
Waste handler/cleaning staff/laundry worker		
Research worker handling filoviruses/arenaviruses or infected materials		
Exposure to contaminated bedding, clothing, needles, surfaces, or specimens		

## 5. Demographic and risk factors

Field	Entry	Details
Pregnancy status	Pregnant / Not pregnant / Unknown	
Gestational age (weeks)		
Postpartum (within 6 weeks)	Yes/No	
Breastfeeding	Yes/No	
Height (cm)		
Weight (kg)		
Known chronic liver disease	Yes/No	
Chronic kidney disease	Yes/No, [if yes, provide details]	
Cardiovascular disease	Yes/No, [if yes, provide details]	
Diabetes mellitus	Yes/No	
Chronic lung disease	Yes/No, [if yes, provide details]	
Neurologic disease	Yes/No, [if yes, provide details]	
Hematologic disorder	Yes/No, [if yes, provide details]	
Immunosuppressive condition	Yes/No, [if yes, provide details]	
HIV status and ART use		
Tuberculosis history	Yes/No, [if yes, provide details]	
Malignancy	Yes/No, [if yes, provide details]	
Current immunosuppressive drugs	Yes/No, [if yes, provide details]	
Allergies	Yes/No, [if yes, provide details]	
Smoking/tobacco use	Current / former / never	
Alcohol use	Yes / No, [if yes, provide details]	
Vaccination including YF vaccination	Yes/No, [if yes, provide details]	



## 6. Clinical symptoms and signs at presentation

Symptom	Yes/ No	Date of onset	Date of resolution	Remarks
Fever				
Chills/rigors				
Fatigue/profound weakness				
Malaise				
Headache				
Retro-orbital pain				
Myalgia				
Arthralgia				
Sore throat				
Dysphagia/odynophagia				
Cough				
Shortness of breath				
Chest pain				
Abdominal pain				
Nausea				
Vomiting				
Diarrhoea				
Hiccups				
Anorexia				
Conjunctival injection				
Rash				
Mucosal bleeding				
Hematemesis				
Melena				
Hematochezia				
Hematuria				
Vaginal bleeding				



Epistaxis				
Gum bleeding				
Bruising/petechiae/purpura/ ecchymosis				
Jaundice				
Reduced urine output				
Confusion				
Seizure				
Hearing loss				
Tremor/ataxia				
Any other symptom (specify)				

**7. Vital signs and examination findings**

Field	Entry
Temperature (°C)	
Heart rate/min	
Respiratory rate/min	
Blood pressure (mmHg)	
SpO2 on room air	
Mental status/GCS	
Hydration status	Normal / Mild dehydration / Moderate / Severe
Shock present	Yes/No
Active bleeding	Yes/No
Jaundice present	Yes/No
Respiratory distress	Yes/No
Abdominal tenderness	Yes/No
Hepatomegaly	Yes/No
Splenomegaly	Yes/No
Edema	Yes/No
Neurologic abnormality	Yes/No; details
Obstetric findings if pregnant	



## 8. Hematology results

Test	Date of investigation	Value	Remarks
Hb			
WBC			
Neutrophils			
Lymphocytes			
Platelets			
ESR			
Reticulocyte count			
PT			
aPTT			
INR			
BT/CT			
Fibrinogen			
D-dimer			
Peripheral smear findings			

## 9. Biochemistry and inflammatory markers

Date	Date of investigation	Value	Remarks
Urea/BUN			
Creatinine			
Sodium			
Potassium			
Chloride			
Bicarbonate			
Calcium			
Uric Acid			
Total Protein			
Albumin			



AST			
ALT			
ALP			
CRP			
Procalcitonin			
Lactate			
Amylase/Lipase			
Troponin/BNP			
Glucose [Random/Fasting/PP]			

**10. Urine and other tests**

Test	Date/time	Result	Unit	Comments
Urine routine microscopy				
Urine protein				
Urine blood				
Urine ketones				
Pregnancy test				
CSF if done				
Stool occult blood				

**11. Arterial blood gas and respiratory support**

Date/time	pH	PaO2	PaCO2	HCO3	Lactate	SpO2/FiO2 or P/F ratio	Oxygen device	FiO2	PEEP	Remarks
Initial										
Pre-intubation										
Post-intubation										



**12. Imaging and special investigations**

Investigation	Date	Findings
Chest X-ray		
HRCT chest		
Ultrasound abdomen/kidney		
Echocardiography		
EEG		
CT/MRI brain		
Other imaging		

**13. Ebolavirus-specific laboratory diagnosis**

Types of Specimens	Date of Collection	Date of receipt at laboratory	Results [Positive/Negative]	Real time RT-PCR	ELISA	Remarks
Serum						
Whole Blood [EDTA]						
Urine samples in Plain Tube						
Stool samples in plain tube/ Rectal swab in VTM						
Tracheal aspirate						
Broncho-alveolar lavage						
Oropharyngeal/Nasopharyngeal Swabs in VTM						
CSF Samples in plain tube						
Tissue/autopsy specimen [please specify]						
Any other specimen						



**14. Differential diagnosis workup**

Condition/test	Result
Malaria smear/RDT	
Dengue NS1/IgM/PCR	
Chikungunya IgM/PCR	
Zika virus PCR/IgM	
CCHF	
Yellow fever	
Leptospirosis Serology/PCR	
Scrub typhus/rickettsial test	
Viral hepatitis panel	
Enteric fever culture/test	
Bacterial Culture	
Influenza/SARS-CoV-2/other respiratory panel	
Fever with rash-Mpox/measles/varicella/rubella	
Any Other diagnosis/test	

**15. Complications [if any]**

Complication	Yes/No	Date of onset	Details
Hypovolemic shock			
Septic shock			
Acute kidney injury			
Acute liver injury			
Encephalopathy			
Seizure			
Coagulopathy/DIC			
Clinically significant hemorrhage			
Respiratory failure			
ARDS			



Myocarditis/arrhythmia			
Secondary bacterial infection			
Pregnancy loss / fetal distress			
Multi-organ Failure			
Other complication			

**16. Treatments and procedures during hospitalization**

Treatment/procedure	Yes/No	Start date	Stop date	Remarks with specification of drugs
IV fluids				
Vasopressors				
Blood transfusion				
Platelet transfusion				
FFP/cryoprecipitate				
Oxygen therapy				
Non-invasive ventilation				
Mechanical ventilation				
ECMO				
Dialysis				
Antibiotics				
Antimalarials				
Antifungals				
Corticosteroids				
Monoclonal antibodies				
Investigational antiviral				
Dialysis				
Obstetric intervention				
Other supportive treatment				



## 17. Outcome

Field	Entry
Final case classification	Non-case / Suspected / Probable / Confirmed
Final diagnosis	
Final pathogen/species	
Date outcome recorded	
Outcome	Recovered / Discharged / Transferred / Died / Left against medical advice / Still admitted
Date of discharge/transfer/death	
If death, detail the cause of death	
Total hospital stay (days)	
Condition at discharge	Stable / Improved / Critical / Palliative
Referred facility if transferred	